

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027927

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1079

FILED JUL 18 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>163rd Engineer Company Ft. Leonard Wood, Missouri</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Larry Wayne GARRISON</u>		4. DATE OF DEATH Month Day Year <u>July 2, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 28, 1942</u>
9. AGE (last birthday) <u>20</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>S/4th Class</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>	
11. BIRTHPLACE (City and state or country) <u>Joplin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Gerald Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes Present time</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Gerald Garrison 1411 Pearl St Joplin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia + Pulmonary emboli (fatty)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe trauma including multiple fractures 2 1/2 days</u> DUE TO (c) <u>and widespread hemorrhage. Blocked iliac artery, b/x</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral edema, Renal Failure</u>		PART III. deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Pedestrian patient hit by truck</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>2 p.m.</u>	Month, Day, Year <u>6-30-63</u>	20f. CITY, TOWN, OR LOCATION <u>NEAR MT. VERNON, Mo</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NEAR MT. VERNON, Mo</u>	20f. CITY, TOWN, OR LOCATION <u>NEAR MT. VERNON, Mo</u>	
21. I attended the deceased from Death occurred at <u>9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>7/16/63</u>	
22a. SIGNATURE <u>James P. Brown, MD</u>		22b. ADDRESS <u>Springfield, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 5, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>	
24. FUNERAL DIRECTOR <u>Thornhill Dillon Mort Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie G. Meeton</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 13 1963

JUL 29 1963

MAR 17 1964

SEP 18 1963

permitted 7-2-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Robert H. Bates III, Student Embalmer No. 673

working under my personal supervision.

Student Robert H. Bates III  
Signature of Student Embalmer

Signed Frederic M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.